

PATENT  
Serial No. 09/517,018  
Attorney Docket No. 450100-02393

#11/ANCFB ~~10~~  
T.M.C.B et al. 18-0003  
12/16/05

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Hideaki OKAMURA  
Serial No. : 09/517,018  
Filed : March 2, 2000  
For : DATA PROCESSING  
METHOD, AND PRO  
Art Unit : 2126  
Examiner : TRUONG, Lechi

~~MISSING~~ RECEIVED

DEC 15 2003

Technology Center 2100

745 Fifth Avenue  
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Hans R. Mahr, Reg. No. 46,138

**Name of Applicant, Assignee or Registered Representative**

  
Signature

December 8, 2003

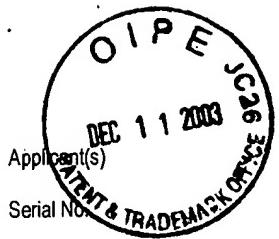
**Date of Signature**

## **AMENDMENT**

Mail Stop AF  
Commissioner for Patents  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of July 7, 2003, please amend the above-identified application as follows:



#10100-02393  
PATENT 12/15/2003  
450100-02393

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hideaki OKAMURA  
 Serial No. : 09/517,018  
 For : DATA PROCESSING APPARATUS, DATA PROCESSING METHOD, AND  
 PROGRAM PROVIDING MEDIUM  
 Filed : March 2, 2000  
 Examiner : TRUONG, Lechi  
 Group Art Unit : 2126

12/12/2003 DTESEM1 00000012 09517018

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Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	38	Minus	38 =	0 ×	\$18(9)	= \$0.00
Independent claims	6	Minus	6 =	0 ×	\$86(43)	= \$0.00
Total additional fee for This amendment						= \$0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$140) has been previously paid \_\_, or is paid herewith \_\_.

This response is being filed within the second month following the expiration of the term originally set therefor.

This is a petition to request a 2-month extension of time. A check covering the cost of the petition is enclosed.

Other Attachments: Request for Approval of Drawing Corrections; Fig. 12 (Changes Marked in Red)

A check in the amount of \$420.00 is attached, which covers the cost of  additional claims and  two-month petition for extension of time.

Charge \$\_\_ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Hans R. Mahr, Reg. No. 46,138

Name of Applicant, Assignee or Registered Representative

Hans Mahr  
Signature

December 8, 2003

Date of Signature

FROMMER LAWRENCE & HAUG, LLP  
Attorneys for Applicant(s)

Hans R. Mahr  
Hans R. Mahr, Reg. No. 46,138 for  
By: William S. Frommer  
Reg. No. 25,506  
Tel. (212) 588-0800

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